OCT 26 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35384

1. PLACE OF DEATH
County St. Louis
Township Jefferson
City Tarkenen Heights (No. St. Marys Hospital

Registration District No. 1170
Primary Registration District No. 6248-H

File No.
Registered No. 193
St. Ward)

2. FULL NAME Francis Aloysius Flannery

(a) Residence, No. St. Louis U. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1906

7. AGE YEARS 31 MONTHS 6 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholastic S. J.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher
10. Date deceased last worked at this occupation (month and year) Kansas City, Mo.
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeWitt, Iowa

FATHER
13. NAME Lawrence Flannery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeWitt, Iowa

MOTHER
15. MAIDEN NAME Dolly Tiernan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeWitt, Iowa

17. INFORMANT (ADDRESS) Rev. F J Otten SJ St. Louis U.

18. BURIAL, CREMATION, OR REMOVAL Florissant, Mo. DATE Sept. 9-8-37 1937

19. UNDERTAKER (ADDRESS) Donnelly Undt. Co. 3840 Lindell Blvd.

20. FILED Sept. 7, 1937 Rev. F J Otten SJ Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1937, to Sept 6 1937
I last saw him alive on Sept 6 Fri 1937 Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

Tbc meningitis

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wayne O Bihl M. D.
(Address) St Mary's Hospital